



MONTANA NATURAL RESOURCES YOUTH CAMP 2009

c/o Montana State University Extension Forestry
The University of Montana
Missoula, MT 59812

Dear interested camper,

Thank you for your interest in the Montana Natural Resources Youth Camp. Enclosed you will find a full application which should be completed and returned with a \$75.00 deposit to:

Montana Natural Resource Youth Camp
Martin Twer
MSU Extension Forestry
32 Campus Drive MS 0606
Missoula, MT 59812-0606
Phone: 406-243-2775
Fax: 406-243-4715
Email: martin.twer@cfc.umt.edu

Please take time to read the application fully and accurately fill it out, and get all of the parent or guardian signatures required. Also please understand that each camper will be required to provide their own health insurance. The application should be sent back as soon as possible since there are only 40 positions available. Qualified campers are accepted based upon when we get the application in. The camp can fill up early, so don't delay.

The staff who organize this camp are very proud of the educational opportunity it provides to High School age youth in Montana. The instructors are all volunteers from the public and private sectors of natural resource management who offer campers a unique opportunity to see the real world applications of what they have been learning in school.

If you have any questions about the camp feel free to call me at: (406)243-2775, or you can reach me via email at: martin.twer@cfc.umt.edu.

Sincerely Yours,

Martin Twer
MNRYC Camp Director

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DEADLINE - June 12th 2009

THE MONTANA NATURAL RESOURCES YOUTH CAMP APPLICATION

1. NAME _____ TEL _____ AGE _____

(please print or type)

ADDRESS: _____
(street) (city) (state) (zip)

MAILING ADDRESS IF DIFFERENT: _____

BIRTH DATE: _____ MALE or FEMALE (circle)
(mm/day/yr)

FOR YOUTH AGES 14-18 (state your age) _____

E-mail: _____

2. CAMPER RESPONSIBILITIES:

If I am permitted to attend the Montana Natural Resources Youth Camp, I agree to cooperate fully with the camp director, instructors, and camp staff. I will take advantage of all reasonable opportunities afforded me to promote the conservation of natural resources in my own community, after I return home. I have read and accept the camp rules. I understand that violation of these rules is grounds for dismissal.

***** - Camp fees cannot be refunded after one month prior to camp.** I will notify the coordinators of the camp if it will be impossible for me to attend.

APPLICANT'S SIGNATURE _____ DATE _____

3. PARENTAL PERMISSION:

I hereby grant _____ permission to attend the Montana Natural Resources Youth Camp, and release the camp coordinators, instructors, staff, employees, and sponsors of the camp from any liability connected with his/her attendance.

- I understand that each camper is required to be covered by health or accident insurance that is provided by their family or guardians. The Montana Natural Resources Youth Camp does not provide health or accident insurance coverage.
- Due to liability all forms must be completed and signed. Please double-check your application before sending it in.
- I have read the camp rules and understand that violation of them is grounds for dismissal of my son or daughter and forfeiture of fees.

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____

4. CAMP REGISTRATION FEE: (MAKE CHECKS PAYABLE TO MNRYC)

Enclose a \$75.00 deposit, which covers only part of the cost of lodging, meals, camp activities, and educational materials for the camp period. (Full cost is \$175.00). It is your responsibility to seek out sponsorship(s) in your local community (such as conservation district or other organizations and agencies). If local sponsorship is not available please contact (406)243-2775, or you can reach me via email at: martin.twer@cfc.umn.edu, so we may assist you in finding a sponsor.

Please write the words “camp fees” on the memo line of your check.

Name of Sponsor, if any _____

(It is highly recommended that campers give a formal report to their sponsor after returning from camp.)

Montana Natural Resources Youth Camp Sponsorships

The camp fee of \$175 is required for each camp participant. Although campers are welcome to pay for the entire fee on their own, they may also seek sponsorships from a variety of agencies and organizations. A sponsorship usually consists of a \$100 stipend awarded to a camper and mailed directly to the Camp Director. **Note: make sure sponsor uses the words “camp fees” on the memo line. Do not use the words “scholarship” or “sponsorship”.** Stipend amounts may vary by organization, area, and year and have traditionally ranged from \$25 to \$175. Past sponsors have been:

Conservation Districts (*For a directory go to <http://www.macdnet.org/mtlinks.htm>*)
The Montana Stock Growers Association
The Rocky Mountain Elk Foundation
The Montana Tree Farm System
The Montana Society of American Foresters
Montana Association of State Grazing Districts
Local wood products industry (sawmills, post and pole producers, lumber yards)
USDA Forest Service employee organizations (Check with your local National Forest District)
Other local businesses such as hardware stores, implement dealers, car dealerships

A letter of support and legitimacy for a sponsorship may be obtained from the Camp Director.

The \$175 fee covers approximately 50% of the cost per student. The other half is covered by larger grants from a variety of agencies and non-government organizations and industries that are obtained by the MNRYC board of directors on an annual basis.

5. CAMPER'S NATURAL RESOURCE BACKGROUND:

A. What natural resources experiences have you had? (Camping, farming, fishing, hiking, etc.)

B. What are your favorite hobbies and activities?

C. What is one new natural resources activity you would like to experience?

D. What would you like to learn about natural resources while at camp?

6. Do you play an instrument or have any musical skills?

(If you do, you are encouraged to bring your instrument to camp.)

7. How did you find out about this camp? _____

8. In what newspapers would your family like to see an article about camp written?

Applications and camp fees should be sent to:

**Montana Natural Resource Youth Camp
Martin Twer
MSU Extension Forestry
32 Campus Drive MS 0606
Missoula, MT 59812-0606
Phone: 406-243-2775
Fax: 406-243-4715
Email: martin.twer@cfc.umt.edu**

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9. **RECOMMENDATION:**

Please use one of the following: 4-H leader, teacher, county extension agent, Soil Conservation District employee, forester or other natural resources professional. Have them fill in the information below.

I recommend that _____
(applicant's name)

be accepted to attend the Montana Natural Resources Youth Camp.

LETTER OF RECOMMENDATION

(Please tell us why you feel that this person will benefit from this camping experience, if you feel they will participate fully in this program, and describe their behavior in group situations. Please discuss their ability to relate to others, attitudes, and the way they handle responsibility, as well as any other pertinent information you can give us. Please use the back of this sheet as well.)

SIGNED _____ TITLE _____

COMPANY, AGENCY OR ORGANIZATION _____

ADDRESS _____

PHONE NUMBERS _____
(Work) (Home)

Return recommendation to:

**Montana Natural Resource Youth Camp
Martin Twer
MSU Extension Forestry
32 Campus Drive MS 0606
Missoula, MT 59812-0606
Phone: 406-243-2775
Fax: 406-243-4715
Email: martin.twer@cfc.umt.edu**

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CAMPERS'S HEALTH FORM

MONTANA NATURAL RESOURCES YOUTH CAMP

Forms Packet — All of the following information must be completed for your child to attend camp

DATE _____

NAME _____

ADDRESS _____

TOWN _____ ZIP _____

BIRTH DATE _____

SOCIAL SECURITY NUMBER _____

MALE _____ FEMALE _____

HOME PHONE _____

PARENT OR GUARDIAN _____

ADDRESS _____

FAMILY PHYSICIAN _____

ADDRESS AND PHONE _____

(BELOW: PERSON TO CONTACT IF FAMILY CAN'T BE REACHED)

NAME _____

PHONE _____

MEDICAL INSURANCE COVERAGE _____

POLICY # _____

MNRYC - MEDICAL HISTORY FORM

1. Do you have any physical complaints or chronic illness at this time? _____

If so, what? _____

2. Are you under the care of a doctor of any sort? _____

If so, for what? _____

3. Are you taking medicines of any type? _____

If so, what? _____

In what dosage? _____

4. Do you have or have you had? Diabetes ____, Asthma ____, Allergies ____?

If so, what are you taking? _____

5. Do you have any allergies to Food or Medications? _____

6. Do you have any other allergies? _____

7. Special dietary needs? Yes ____ No ____ Explain: _____

8. Do you wear MedicAlert tags? _____ Where? _____

9. Date of Last Tetanus shot: _____

10. *I give my child permission if needed (under supervision of the camp nurse/EMT) to take simple medications such as Tylenol, Advil, Ibuprofen, antacids, antihistamines, cough syrup, cough drops, etc. (as per label instructions).*

Yes ____ No ____ Special conditions _____

If your child regularly takes any of these please have them bring there own.

I am of the opinion that the above named camper can safely participate in this event and that he or she has no contagious or communicable disease. His or her health is _____ (poor, fair, or good).

I hereby give my consent for the above named person to attend this event. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure proper treatment (including emergency surgery) for my child. In case of minor emergency, I hereby give permission for the camp nurse or EMT to administer first aid.

Date

Signature of Parent or Guardian

CODE OF CONDUCT AGREEMENT

I, _____ understand the basic rules for participation in the Montana Natural Resources Youth Camp and agree to:

**** Participate fully in the program.

**** Be responsible for my own behavior and uphold exemplary standards for the group.

**** Abide by the basic rules for living at the camp.

**** Leave the camp facility in as good or better condition than I found it.

**** Support and abide by the camp staff's leadership.

**** Refrain from using tobacco, alcoholic beverages, illegal drugs, or fire-works.

(Camper's Signature)

Concurrence by Parents or Guardians

I understand the above agreement and will support my son/daughter and the camp coordinator or adult advisors in carrying it out.

(Date)

(Parent/Guardian Signature)

TRAVEL FORM

ARRIVAL:

Our son/daughter will be arriving by: car ___ bus ___ airplane ___ other

If your son or daughter is traveling by bus or airplane, we will have someone meet them at the airport or bus terminal **if we have their schedule**. Please confirm with camp staff, Martin Twer at 406-243-2775 at least 10 days prior to camp.

If arriving by car who will be the driver of the car? _____

If your son / daughter is driving a vehicle to camp they will be required to give the ignition keys to the Youth Director and will not be able to use the vehicle for the duration of the camp.

If arriving by either bus or airplane to Missoula, please list the company or airline _____

Flight or bus number _____

Date and arrival time in Missoula _____

DEPARTURE:

Our son/daughter will be leaving from the camp by: car ___ bus ___ airplane ___ other

If leaving by car, who will be the driver of the car? _____

If leaving by either bus or airplane from Missoula, please list the company or airline _____

Flight or bus number _____

Date and departure time from Missoula _____

We understand that these instructions will be followed in getting my son or daughter to and from camp. Unless, we inform the camp coordinator of our permission for any change, our youngster will be expected to follow the instructions above.

(Date)

(Parent's or Guardian's Signature)

CAMP RULES

The staff of the Montana Natural Resources Youth Camp and Lubrecht Experimental Forest wants your week to be filled with exciting experiences, new friendships and fun. To help make this happen, they expect each camper to be considerate of others, participate fully in the camp program and observe the following rules.

The camp rules are intended to assist in providing for the health, safety and social well being of everyone attending camp. If a situation or question arises which is not clearly covered by this list, ask the Camp Director **before acting**.

Fireworks, firearms, illegal drugs, tobacco and intoxicants of any kind are not permitted.

If necessary to drive your personal car to camp, it is to remain parked during the camping period.

Obtain the Camp Director's permission before leaving camp for any purpose.

Respect the camp facilities and natural surroundings — do not deface or destroy them in any way. Deposit your litter in the containers provided.

RESPECT OTHERS' PRIVACY. BOYS ARE NOT PERMITTED IN GIRLS' CABINS, NOR ARE THE GIRLS PERMITTED IN BOYS' CABINS.

Attendance at instructional sessions and scheduled activities is required — be prompt.

Swim or engage in water sports only when a member of the camp staff is present. Wear life jackets when rafting or canoeing. Fish only if you have a valid Montana Fishing License.

Violation of any of these rules is grounds for dismissal of individuals or groups and forfeiture of camp fees. Parents will be promptly notified along with the person recommending the camper. Individuals so dismissed must call their parent or guardian and arrange transportation home.

It is not possible to anticipate every possible situation that might come up. In the absence of a rule regarding a specific activity or situation — **COMMON SENSE PREVAILS**.

***** CAMPERS — KEEP THIS FORM AND BRING IT TO CAMP *****

MONTANA NATURAL RESOURCES YOUTH CAMP

WHERE: At Lubrecht Experimental Forest, approximately 30 miles east of Missoula, on Highway 200.

WHEN: Campers should arrive between 3 and 4 p.m. on Sunday. They should be registered and settled into their cabins prior to 4:30 p.m. They should be on time in attending the camp orientation session at 4:30 p.m. The first meal will be at 5:30 p.m. on Sunday.

Campers are to be picked up at 5 p.m. on Friday, after the slide show. **Parents are encouraged to attend the slide show presentation which is the capstone of our week at camp.** The last meal will be a sack lunch on Friday at 5:00 p.m.

WHAT TO BRING TO CAMP: Bring your own bedding and other personal articles. Comfortable outdoor clothing and toilet articles, including towels, are necessary. Swimsuit, camera, flashlight, rain gear, warm clothing and shoes suitable for hiking are desirable. There will be some activities in the water so wading shoes may be in order. Mornings are often cold at Lubrecht, even during the summer so please bring some warm clothes. If you bring a car you will be requested to leave it parked during the camp and to turn in the keys to the camp director. The use of cell phones and similar communication devices will not be tolerated.

List of materials needed for camp (check list)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sleeping bag or bedding | <input type="checkbox"/> Cap or hat | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Warm jacket (nights are cool) | <input type="checkbox"/> Insect repellent |
| <input type="checkbox"/> Towels, soap, shampoo | <input type="checkbox"/> Rain gear | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> Toothpaste etc. | <input type="checkbox"/> Swimsuit | <input type="checkbox"/> Alarm clock |
| <input type="checkbox"/> Hiking boots | <input type="checkbox"/> Eyeglass strap (if you wear glasses) | <input type="checkbox"/> Backpack |
| <input type="checkbox"/> Extra shoes | <input type="checkbox"/> Water bottle or mug | |
| <input type="checkbox"/> Shoes suitable for wading | | |

Optional Equipment

Camera	Binoculars
Compass	Baseball glove
Musical instruments	Hand lens

DO NOT BRING

Jewelry

Portable stereos, CD players, etc.

Cell phones

ALCOHOL, DRUGS, GUNS, TOBACCO, AND FIREWORKS ARE PROHIBITED

Live music is encouraged and welcome at campfires and free time. Recorded music (tapes, cd's, etc.) will not be allowed, so that other aspects of living in a camp setting can be enjoyed.

KEEP THIS FORM — BRING IT TO CAMP WITH YOU

Dear Parents,

The MNRYC will have an **on-site First Aid station** for this year’s Montana Natural Resources Camp. He/She will be a Nationally Registered EMT. During this camp, they will be operating independently of any company, but will have arranged to have all supplies available in the event of an accident or illness. We can assure you that your child’s safety will be of utmost importance throughout the camp and that we anticipate a safe and fun experience for everyone involved.

In addition to the medical release form, we will need some basic medical information for each camper. We would appreciate your completion of the form below. Please make sure your child has enough of his or her medications to last the whole camp.

Once again, we anticipate a very safe camp and welcome any questions you may have.

Sincerely,

The Montana Natural Resources Youth Camp

Participant’s Name _____ Date of Birth _____ Age _____

Emergency Contact _____ Contact Phone _____

Family Doctor _____ Doctor’s Phone _____

Allergies and Previous Reactions _____

Medical Conditions _____

Medication	Reason taking	Dose	Doses per day	Time of dose(s)	Prescribing doctor	Noted side effects

--	--	--	--	--	--	--

Release from Responsibility and Assumption of Risk and Power to Authorize Medical Treatment

It being my intention to participate in the Montana Natural Resources Youth Camp and it being known and understood by me that said participation shall necessarily involve exposure to risks to my person and my property incident to travel and program activities, I do hereby assume the full responsibility for any such risks and do hereby waive any right to any claim against the Montana Natural Resources Youth Camp or any of its employees or agents for any injury, loss, damage, accident, delay or expense result from any act or omission of any carrier, government, private legal entity, or third person. I also assume sole responsibility for and agree to indemnify the Montana Natural Resources Youth Camp against any loss due to any financial obligation or liabilities that I may personally incur, or any damages or injury to persons or property that I may cause during the time of my participation in the course.

I further release the Montana Natural Resources Youth Camp from any claims arising from the aggravation of any physical disability or illness not disclosed in my discussions with the Montana Natural Resources Youth Camp and grant the employees and agents of the Montana Natural Resources Youth Camp full authority to take whatever actions they may consider to be warranted under the circumstances regarding my health and safety, and, at their discretion, to place me in any hospital or in the hands of any local doctor for medical treatment at my own expense, or to transport me by any means of conveyance required at my own expense for medical treatment or in the event of my demise.

I understand that camp activities do carry certain risks. I am in good health and to my knowledge I do not have any physical problems which would hamper my participation in said activities. I, the undersigned, being cognizant of the hazards of this course, assume the risks of same and agree to indemnify and hold harmless the Montana Natural Resources Youth Camp and its employees against any and all claims for damage on account of any injury to my person or property.

While on this field course, I am personally responsible for my own health insurance.

Wherefore I have subscribed this document on this the ____ day of _____, 20____.

Participant Name (Please Print)

Parent Signature

Parent Name (Please Print)

Witness to Signature

Witness Name (Please Print)

Model Release

Parental Permission for Minors (under 18 years old)

Every year, the Montana Natural Resources Youth Camp (MNRYC) develops a camp video. Campers receive a copy of the camp video as a keepsake. During educational activities associated with the camp, campers and other participants may be photographed or filmed. This form grants permission to use images of campers for the camp video and other educational and promotional purposes that support the mission of the MNRYC.

I, (please print) _____, give the MNRYC permission to record still and motion images of the minor named below. I understand that these images will be in the public domain, i.e., the rights belong to the community at large, are unprotected by copyright or patent, and are subject to appropriation by anyone. I understand that the MNRYC may store these images for use in any medium in perpetuity.

Signing this form is neither mandatory nor necessary for camp participation. Without this permission, images of campers will not be featured in the camp video or other promotional material.

Parent/Guardian's Name (please print) _____

Minor's Name (please print) _____

Parent/Guardian's Signature _____ Date _____

Address _____

Phone _____ Email _____

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PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of Montana River Guides, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MRG"), I hereby agree to release, indemnify and discharge MRG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that **whitewater river rafting, canoeing, riverboarding, kayaking, and/or river rescue classes** entail known and unanticipated risks, that could result in serious physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

These risks include, among other things: whitewater rapids will be encountered; your boat could turn over and/or you could have to swim rapids risking collision with rocks and entanglement in trees; head injuries can occur; you can slip or fall during a hike, resulting in damage to equipment or personal injury; exposure to the natural elements can be uncomfortable and/or harmful; you should be aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke and heat cramps; also prolonged exposure to cold water can result in hypothermia; exposure to potentially dangerous wildlife, insects, plants; and accidental drowning is also a possibility.

Furthermore, MRG employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of all the risks.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless MRG from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or use of MRG's equipment or facilities, including any such claims which allege negligent acts or omissions of MRG.
4. Should MRG or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MRG on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Signature _____ of Participant _____ Print
Name _____

Address: _____

Phone _____

E-Mail _____

Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by MRG to

participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MRG from any and all claims which are brought by, or on behalf of Minor, and are in any way connected with such use or participation by Minor.

Parent or Guardian _____ Print name: _____
Date: _____

Montana River Guides reserves the right to use any photographic or film records of this activity for promotion and/or commercial purposes.

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CITY OF MISSOULA
ROPES COURSE AND CLIMBING WALL
RELEASE & ASSUMPTION OF RISK AGREEMENT

I am aware and understand that Ropes Course and Climbing Wall are potentially dangerous activities with the potential for death, serious injury, and property loss. These risks, include but are not limited to, hazards of injury to my person or property while engaged in Ropes Course and Climbing Wall activity. I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN MISSOULA'S PARKS AND RECREATION ROPES COURSE AND CLIMBING WALL. I certify that I am physically fit, have trained sufficiently for participation in this activity, and have not been advised otherwise by a qualified medical person. I am aware and understand the risks of personal injury, accidents, and/or illness, include, but are not limited to sprains, strains, torn muscles, and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, and/or oxygen shortage; head, neck, and spinal injuries; shock; paralysis or death; and serious injury or impairment to other aspects of my body and general health and well being.

I give permission for the City of Missoula personnel assigned to my activity to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that the City of Missoula does NOT provide any medical insurance coverage for me while participating in ROPES COURSE AND CLIMBING WALL activities. I also realize that I may be attended by City of Missoula personnel assigned to my activity until medical care is available.

I, do hereby for myself, my heirs, executors, administrators, successors, and assigns, release, acquit, and forever discharge the City of Missoula, its employees, elected officials, and insurers from any and every claim, demand, right, or cause of action, property damage, personal injury, costs, loss of service, expenses of any kind, and any compensation whatsoever, which I may ever assert by reason of my or my child's presence and/or participation in THE CITY OF MISSOULA PARKS DEPARTMENT ROPES COURSE AND CLIMBING WALL, including any claims which might arise from natural, environmental, or weather conditions, and from the nature or condition or manufacture of any structures or appurtenances on the premises, and further including any and all claims which might arise from any use of any equipment which might be attached to or near any structures or appurtenances on the premises, or used in conjunction with the ROPES COURSE AND CLIMBING WALL instruction, and all claims which might arise out of the acts or omissions of other persons on the premises, whether directly connected with THE CITY OF MISSOULA PARKS DEPARTMENT ROPES COURSE AND CLIMBING WALL or not. I hereby authorize the City of Missoula to use my likeness or picture, or that of my child, in any photograph or advertising for promotion of the Parks and Recreation Programs. I hereby acknowledge that this release is voluntarily given with full knowledge of the meaning and consequences of this release.

I have read the above RELEASE & ASSUMPTION OF RISK AGREEMENT and fully understand its purpose. I willingly sign below and represent that I am 18 years of age or older and otherwise competent to execute this document, or that my legal guardian is also signing this document.

NAME OF PARTICIPANT: _____

*Signature: _____ Date: _____

*Parent or Legal Guardian if under 18 years of age.

*Printed Name _____

PLEASE READ & SIGN BOTH SIDES - THIS IS A LEGAL DOCUMENT.

5/07

**CITY OF MISSOULA
ROPES COURSE AND CLIMBING WALL
MEDICAL RELEASE**

NAME OF PARTICIPANT: _____

Address _____ State: _____ Zip: _____

Date of Birth: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

I DO _____ DO NOT _____ have any physical problems, acute or chronic, which instructors should be aware of while I am participating on the Ropes Course and Climbing Wall. PROBLEMS: (list)

I consent to willingly participate in the Ropes Course and Climbing Wall Programs. I understand this program involves a variety of activities including but not limited to warm ups, group initiative problems, high and low Ropes Course and Climbing Wall elements, which are rigorous physical adventure activities.

In particular this type of rigorous activity can result in a highly elevated heart rate. I also acknowledge that I have been informed that due to the stresses both emotional and physical which cause this highly elevated heart rate, there have been documented fatalities on other ropes courses as a result of cardiac arrest.

I fully understand that there is risk involved in my participation in this activity. I hereby agree that the City of Missoula and the Parks and Recreation Program will not be held liable for any injury, accident, or heart condition resulting from my willing participation in the Ropes Course and Climbing Wall.

*****It is recommended that you obtain a thorough physical examination, which includes a symptom limited maximum exercise stress test, if you meet two or more of the following preconditions before you participate on the Ropes Course.**

Please check the following preconditions that apply to you.

___ Family history of heart diseases

___ Smoker

___ Obesity

___ Diabetes

___ Sedentary lifestyle

___ Hypertension

SIGNATURE: * _____ DATE: _____

*LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE.

**PLEASE SIGN BOTH SIDES.
READ BOTH SIDES CAREFULLY - THIS IS A LEGAL DOCUMENT.**

5/07